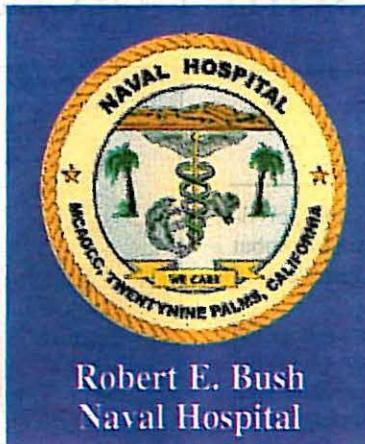


This Month's topic is on Eating Disorders—Most of us have heard recently about 'Stars in the News' and their 'treatment for eating disorders.' I felt that now is the time to remind us all what eating disorders are, how to recognize them, and what to do to help yourself and/or others!

See page 5



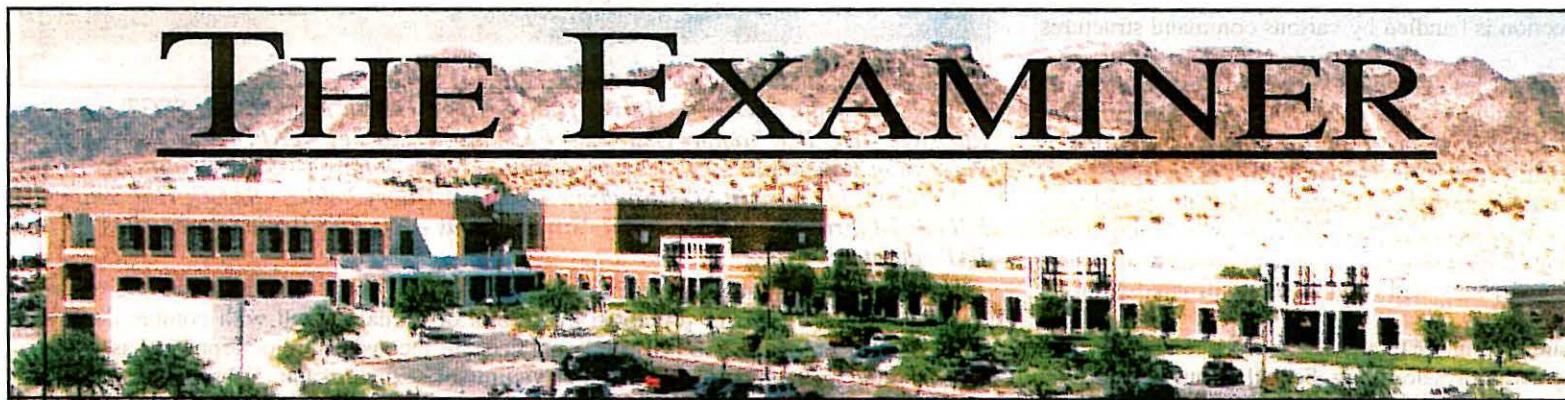
Happy Birthday
Medical Service Corps
Est. August 4, 1947

Happy Birthday
Dental Corps
Est. August 22, 1912

Happy Birthday
Bureau of Medicine and Surgery
Est. August 31, 1842



Inside...



www.nntp.med.navy.mil

People of the Quarter Honored at Naval Hospital

The Officer, Civilians and Sailors of the Quarter at the Robert E. Bush Naval Hospital for the period of April 1 through June 30, 2005 have been selected.

Lieutenant Michael J. Mero, Head Nutrition Management Department, was named as the Officer of the Quarter.

His citation reads in part, "You have excelled clinically and administratively, providing leadership and energy to a variety of programs in the command. Your managerial efforts have had an outstanding effect on the Bachelor Enlisted Housing Division, inspiring increased ownership for barracks issues by the residents and improving communications through the chain of command. The cumulative effects of your strong program management and initiatives have resulted in several consecutive months of improvements in room inspections and an overall improvement in the Quality of Life for residents. You have taken the same initiative and collaborative approach with your involvement on the Command Strategic Goal Teams. Your success and valuable participation with both the People and Best Business Goal Teams afforded you the opportunity to lead and develop the new Readiness Goal Team. After participating in the Command's Strategic Planning Off-site, you orchestrated a thorough review of the goals and objectives and coordinated the team's efforts to synthesize 29 actions steps with timelines, and expertly briefed the Executive Steering Council on your plans and progress. In addition to these wide ranging areas of impact you have been an innovative and valuable resource to the command in your traditional role as Nutritionist. You have developed and published new nutrition education titles, presented an in-service to the medical staff, and completed a comprehensive marketing program for National Nutrition Month. You have also revised and implemented a new three-week menu cycle for the Adobe Cafe and partnered with LDRP to offer a complete revision of the 'Special Meal for New



Mom's' menu, both extremely well received."

Therese M. Weseman, Case Manager in the hospital's Population Health Department has been named Senior Civilian of the Quarter.

Her citation reads in part, "As the sole Case Manager for 8,000 enrolled family members and retirees you performed your demanding duties in a professional and exemplary manner.

Please see page 8



BHCCL OIC Promoted...



Capt. Robert J. Engelhart, CO, Naval Hospital Twentynine Palms and Mrs. Shannon Driver place new shoulder boards on the Branch Health Clinic OIC Cmdr. Thomas A. Driver at his promotion ceremony.

Hospital staff from the Robert E. Bush Naval Hospital along with Marines, civilian volunteers and military spouses from the Marine Corps Air Ground Combat Center (MCAGCC) recently underwent Sexual Assault Victim Intervention (SAVI) Training here..

page 2

Communication is vital to the healthcare industry and directly results in patient safety.

page 2

The word 'prenatal' means before birth. When we talk about 'prenatal care,' we are referring to the care you receive before the birth of your baby.

page 3

Visit the Naval Hospital at www.nntp.med.navy.mil

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Navy and Marine Corps Join Forces at the Combat Center

By Mr. Hilary Valdez, B.A., M.S., ADC-1 and
 Martha Hunt, MA Health Promotions Coordinator
 Robert E. Bush Naval Hospital

Hospital staff from the Robert E. Bush Naval Hospital along with Marines, civilian volunteers and military spouses from the Marine Corps Air Ground Combat Center (MCAGCC) recently underwent Sexual Assault Victim Intervention (SAVI) Training here.

SAVI is the Navy's three pronged program to address the issue of sexual assault in the Department of the Navy. SAVI involves prevention education, maintenance of sexual assault response teams, and data collection. This training was devoted to the second area of the SAVI program: training of sexual assault advocates who will be responding to the needs of the victim. Prevention education is handled jointly by the prevention education specialist in Marine Corps Community Services (MCCS) family services and health promotions in the Naval Hospital. Data collection is handled by various command structures aboard MCAGCC.

This is the second Naval Hospital sponsored SAVI training, organized by Ms. Martha Hunt, Health Promotions Coordinator and taught by Mr. Hilary Valdez, a former Navy SAVI Program Manager and a graduate of the State of California Governor's Office of Criminal Justice training program for Victim-Witness Assistance.

In view of the current DoD Instruction and the upsurge in sexual assaults in the military, the MCAGCC community is leading the way in sexual assault prevention by training and organizing teams to respond to emergencies 24 hours-a-day as assaults occur. Advocates provide the victim with the emotional support they will need when confronted with the crime of sexual assault.

Twenty-nine Palms Sailors and Marines are committed to preserving force readiness while maintaining an atmosphere of cooperation and professionalism. Sexual assault violates not only the individual who has been assaulted, but goes against the Marine Corps and Navy core values. Sexual assault affects force readiness, erodes leadership, damages unit morale and cohesion, and undermines the Chain-of-Command.

The three day intensive course laid the groundwork for Sexual Assault Advocates to effectively respond to rape and sexual assault victims. For many victims, rape is a life-shattering event and for many victims, post-traumatic stress disorder is a common symptom. The magnitude of the trauma punctures a person's belief system and erodes the basic foundation of trust in humanity.

As first-line responders, the participants were schooled on trauma reactions, stress management interventions, Department of Defense policies and advocacy techniques for responding to sexual assault, chain-of-custody procedures, medical/forensic examination procedures, alcohol and drug awareness, communication skills, transmitted diseases and concerns of cultural sensitivity. The three-day training ensured that service members and family members have access to a well-coordinated, highly responsive, victim advocate program. Each victim is assured support while being treated with fairness and with respect for his/her dignity and privacy.

Patient Safety... Communication, Vital to Good Health Care

Communication is vital to the healthcare industry and directly results in patient safety. According to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), communication is the number one root cause of sentinel events, medication errors, wrong site surgery, delay in treatment, and perinatal deaths and injuries.

For this reason, JCAHO has placed communication on its annual list of National Patient Safety Goals. The goal is to improve the effectiveness of communication among caregivers. Communication can occur verbally, by gesture, or in the form of a written note or record.

Verbal communication can lead to mishaps if not handled properly. There are guidelines that must be followed when verbal communication is used to pass healthcare information between staff members. Verbal

Please see Page 7



From left to right, back row, Martha Hunt - NHTP Health Promotions; SSGT Rippstein - HQ BN; Tammy Gallegos - FAP; Tanya Stuckey - FAP; Perry Ford - Prevention Education; CPL Brower - CSSB 7; Dana Johnson - SAVI volunteer.

Bottom row, left to right SGT Boudrow - VMU 1; Hilary Valdez - SACC; HM Smith - NHTP; LT Frieson - NHTP; SSGT Van der Maas - HQ BN; Denice Perez - SAVI 7 FAP volunteer

In 2004, the Department of Defense sponsored a Task Force to address the issue of sexual assault in the military prompted by reports of sexual assault with combat deployed Marines and Soldiers. The task force noticed the inconsistency of reporting as well as defining and responding to the needs of victims of sexual assault. Subsequently, the task force created an office within the DoD to address the issue of sexual assault awareness and

Continued on page 7

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The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

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Healthy Babies Start With Early Prenatal Care

By Lt. Cmdr. Kathleen Hewitt, CNM/WHNP
Robert E. Bush Naval Hospital

The word 'prenatal' means before birth. When we talk about 'prenatal care,' we are referring to the care you receive before the birth of your baby. One of the best ways to give your baby a healthy start in life is to get early -- and on-going -- prenatal care. The goal of prenatal care is to monitor the progress of your pregnancy and to identify potential problems before they become serious for either mom or baby.

Ideally, prenatal care begins even before you become pregnant. This is called a preconception visit. This visit can address concerns and issues, such as identifying any genetic concerns in your family history, or diagnosing and treating any medical conditions such as heart disease, diabetes, or sexually transmitted conditions before you get pregnant.

Why Prenatal Care?

All women need prenatal care. Young or old, first baby or fifth, all mothers-to-be benefit from regular care during their pregnancy. Women who see a health care provider regularly during pregnancy have healthier babies, are less likely to deliver prematurely, and are less likely to have other serious problems related to pregnancy.

Prenatal care can bring piece of mind. It is reassuring to find out that you and your baby are doing just fine.

During prenatal visits, your health care provider:

- * Teaches you about pregnancy
- * Monitors any medical conditions you may have (such as high blood pressure)
- * Tests for problems with the baby
- * Tests for health problems in you (such as gestational diabetes)
- * Can refer you to services such as support groups, the WIC program, the Mommy Mentoring program, and childbirth education and breast-feeding classes.

A Typical Prenatal Care Schedule

A typical prenatal care schedule

for a low-risk woman with a normally progressing pregnancy is:

- * Weeks 9 to 12 (approx): First Prenatal Visit
- * Weeks 12 to 28: One visit every five to six weeks
- * Weeks 29 to 36: One visit every two to three weeks
- * Weeks 37 to birth: One visit every week

A woman with a chronic medical condition or a 'high-risk' pregnancy may have to see her health care provider more often. Make sure you go to all your prenatal care appointments, even if you are feeling fine.

What Happens at a Prenatal Care Visit?

During your first prenatal care visit, your provider will ask you a lot of questions and do some tests. Most of your other visits will be much shorter.

At your first visit your health care provider will:

- * Ask you about your health, your partner's health and health of your close family members. Don't worry if you do not know all the answers
- * Identify medical problems
- * Discuss any medications you are taking
- * Do a physical exam and a pelvic (internal) exam
- * Check your weight
- * Check your blood pressure
- * Check a urine sample for infection

infection

- * Do some blood tests to check for anemia and see if you have had certain infections

* Do a pap smear to check for cervical cancer and other tests for vaginal infections

* Do a transvaginal ultrasound to verify or to establish your due date. Your due date is an estimate of the day your baby will be born. Most babies are born within two weeks (before or after) their due date.

* Make sure you are taking a prenatal vitamin with folic acid

During later prenatal visits your provider will:

- * Check your weight
- * Check your blood pressure
- * Measure your abdomen to see how the baby is growing (middle and late pregnancy)
- * Check your hands, feet and face for swelling
- * Listen for the baby's heartbeat (after the 12th week of pregnancy)
- * Feel your abdomen to assess the baby's position (later in pregnancy)
- * Do any tests that are needed, such as blood tests for gestational diabetes and infections. An ultrasound in Radiology will be scheduled between weeks 18 to 22.
- * Ask you if you have any questions or concerns. It is a good idea to write down your questions and bring a list with you so you don't forget.

Remember, the things you tell your health care provider are confidential. That means that he or she can't tell anyone else what you say without your permission. So don't be afraid to talk about issues that might be uncomfortable or embarrassing. It is OK to tell your provider if you smoke, drink alcohol or take any drugs, or if your partner hurts or scares you. Your provider needs to

know all about your and your lifestyle so that he or she can give you and your baby the best care.

No one knows exactly why women who get early and regular prenatal care have healthier pregnancies and healthier babies. But we do know it works! So go... do it for yourself and for your baby.

Hail and Farewell...

Welcome Aboard

- Capt. C. Nixon II
- Capt. D. Hansen
- Cmdr. A. Lear
- Lt. Cmdr. R. Nixon
- Lt. Cmdr. M. Hannon
- Lt. Cmdr. M. O'Conner
- Lt. Cmdr. D. Frey
- Lt. Cmdr. D. Burnell
- Lt. Cmdr. S. Burnett
- Lt. Cmdr. J. Antevil
- Lt. Cmdr. J. Strauss
- Lt. J. Johnson-Patel
- Lt. J. Souther
- Lt. S. Park
- Lt. R. Clark
- Lt. V. Skiba
- Lt. H. Alvis
- Lt. G. Zubrod
- Lt. M. Rudisile
- Lt. V. Lin
- Lt. B. Schwartz
- Lt.j.g. P. Harris
- Lt.j.g. V. Orena
- Ensign T. Nelson
- Ensign H. Lee
- Ensign T. Plaggemeyer
- HM1 S. Woodards
- HM1 R. Ticsay
- IT2 C. Schisler
- YN2 C. Gavino
- HM2 D. Ayala
- MA2 E. Lopez Jr.
- HM3 David E. Toston
- HM3 B. Busby
- HN M. Bennett
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- HN K. O'Connell

Continued on page 7

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1 ba, laundry rm in sep liv qtrs.....\$900/mo

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365-0647

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Continued on page 7

Super Stars and Hard Chargers...



HR James Robertson, of Operation Management Department receives a Letter of Appreciation from the Expeditionary Warfare Training Group.



HN Timothy Ohira, of Military Sick Call, receives a Marine Corps Community Services Certificate of Appreciation.



HM3 Genalyn Sok, of Military Sick Call, receives a Marine Corps Community Services Certificate of Appreciation.



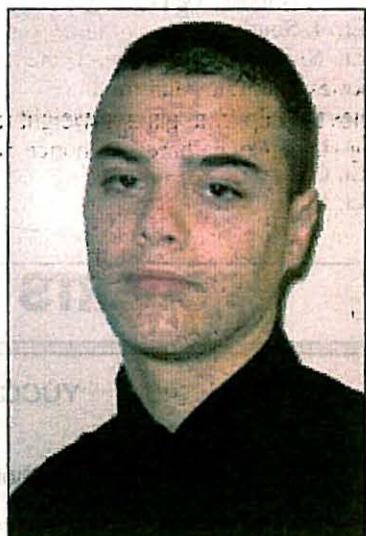
HM2 Amber Coute, of Health Care Operations receives a Commanding General's Letter and Certificate of Appreciation.



Lt. Kristin Edgar, of the Desert Beginnings Birthing Suite takes the oath during her recent promotion ceremony.



HM3 Lovilla Davis, of the Radiology Department, receives a Marine Corps Community Services Certificate of Appreciation.



HN Clay Hilderbrand, of Desert Beginnings Birthing Suite, receives a Letter of Appreciation from the Expeditionary Warfare Training Group.



HM3 Joan Tanner, of the General Surgery Clinic, receives a Marine Corps Community Services Certificate of Appreciation.



Cmdr. Louis Valbracht, Mental Health Department, receives a Commanding General's Letter and Certificate of Appreciation.



HN Ellis Johnson, of the Pharmacy, receives a Marine Corps Community Services Certificate of Appreciation.



Elaine Grossman, of Population Health, receives a Commanding General's Letter and Certificate of Appreciation.



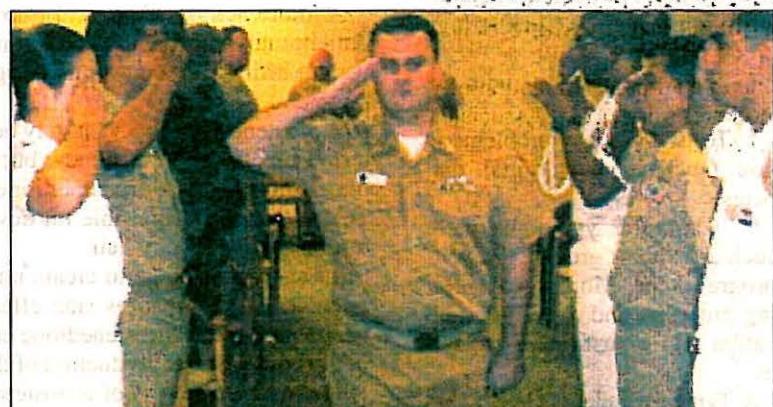
HM3 Lisa Dutra, Family Practice Clinic, receives her first Good Conduct Medal.



HN Jami Swiatnicki, of Immunizations/FH, receives a Marine Corps Community Services Certificate of Appreciation.



Lt. Cmdr. Nicole Polinsky receives a Navy and Marine Corps Commendation Medal.



HMC Paul Nardin, formerly of the Surgical Services Department is piped ashore at his recent retirement ceremony.

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Medical Minute...

What Does An Eating Disorder Look Like?

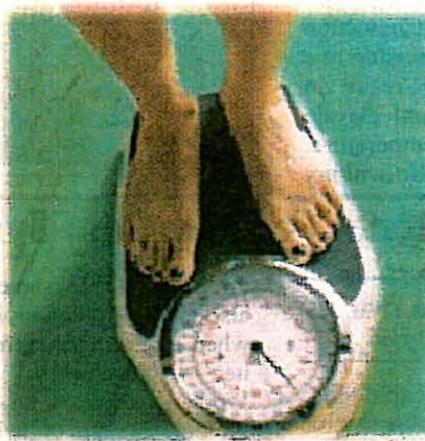
By Lt. Catherine Durham, FNP
Robert E. Bush Naval Hospital

This Month's topic is on Eating Disorders-Most of us have heard recently about 'Stars in the News' and their 'treatment for eating disorders.' I felt that now is the time to remind us all what eating disorders are, how to recognize them, and what to do to help yourself and/or others!

Eating Disorders... Get Help!

How can you tell if you or someone you know has an eating disorder? Over five million American men and women of all ages, race and income levels have eating disorders. Bulimia nervosa is an eating disorder where a person binges, or eats a large amount of food all at once and then purges, or forces themselves to vomit, takes laxatives, or diuretics (water pills). Starving yourself by eating very little or nothing at all is another eating disorder called anorexia nervosa. People who have this condition can have a strong fear of body fat and weight gain. Binge eating disorder happens when a person cannot control her or his desire to overeat and often keeps the extreme eating a secret. Unlike bulimia, with binge eating disorder, a person does not purge her or his food. Extreme exercise to control weight is now being looked at by experts as another type of eating disorder.

Women make up more than ninety percent of people with eating disorders. Women may be more at risk for eating disorders because of a desire to have the "ideal" figure often shown in the popular media (TV, magazines, movies). As women, we need to like ourselves the way we are. While the exact cause of eating disorders is unknown, personality, genetics, environment and body chemistry may play a role in developing one. An eating disorder is a severe illness that requires help from a health care provider, the sooner the better.



Eating Disorders: Facts Sheet Did you know?

- * 8,000,000 or more people in the United States have an eating disorder.
- * 90 percent are women.
- * Victims may be rich or poor.
- * Eating disorders usually start in the teens but may begin as early as age 8.

Source: National Association of Anorexia Nervosa and Associated Disorders.

body (called purging). After a binge, some bulimics fast (don't eat) or over-exercise to keep from gaining weight. People with bulimia may also use water pills, laxatives or diet pills to "control" their weight. People with bulimia often try to hide their bingeing and purging. They may hide food for binges. Bulimics are usually close to normal weight, but their weight may go up and down.

What is anorexia?

People with anorexia are obsessed with being thin. They don't want to eat, and they are afraid of gaining weight. They may constantly worry about how many calories they take in or how much fat is in their food. They may take diet pills, laxatives or water pills to lose weight. They may exercise too much. Anorexics usually think they're fat even though they're very thin. People with anorexia may get so thin that they look like they're sick.

What is bulimia?

Bulimia is eating a lot of food at once (called bingeing), and then throwing up or using laxatives to remove the food from the

What's wrong with trying to be thin?

It's healthy to watch what you eat and to exercise. What isn't healthy is worrying all the time about your weight and what you eat. People with eating disorders do harmful things to their bodies because of their obsession about their weight. If it isn't treated, anorexia can cause the following health problems:

- * Stomach problems
- * Heart problems
- * Irregular periods or no periods
- * Fine hair all over the body, including the face
- * Dry, scaly skin

If it isn't treated, bulimia can cause the following health problems:

- * Stomach problems
- * Heart problems
- * Kidney problems
- * Dental problems (from throwing up stomach acid)
- * Dehydration (not enough water in the body)

Can eating disorders be treated?

Yes. For anorexics, the first step is getting back to a normal weight. If you're malnourished or very thin, you may be put in the hospital. Your doctor will probably want you to see a dietitian to learn how to pick healthy foods and eat at regular times. For both anorexics and bulimics, family and individual counseling (talking about your feelings about your weight and problems in your life) is helpful.

What are the warning signs?

The following are possible warning signs of anorexia and bulimia:

- * Unnatural concern about body weight (even if the person is not overweight)
- * Obsession with calories, fat grams and food
- * Use of any medicines to keep from gaining weight (diet pills, laxatives, water pills)

More serious warning signs may be harder to notice because people who have an eating disorder try to keep it secret. Watch for these signs:

- * Throwing up after meals
- * Refusing to eat or lying about how much was eaten
- * Fainting
- * Over-exercising
- * Not having periods
- * Increased anxiety about weight
- * Calluses or scars on the knuckle (from forced throwing up)
- * Denying that there is anything wrong

Why are eating disorders dangerous?

Eating disorders can cause serious medical problems, and they can even kill you. They can damage your heart, skin, muscles, teeth, and stomach. If you have an eating disorder, you might develop a condition called osteoporosis (say: oss-tee-oh-poor-oh-sis), where your bones weaken and break very easily. You might also develop a serious mental illness.

What are the symptoms of eating disorders?

If you have an eating disorder, you will probably spend a lot of time worrying about how you look. You might feel guilty when you eat or think you haven't exercised enough. You might feel bad about yourself when you think you weigh too much. Other people might tell you that you have lost too much weight, even though you think you weigh too much.

You might feel tired. If you are a woman, you might stop having periods. Fine hair might start growing on your body. If you use water pills or laxatives to lose weight, you might get muscle cramps or have heart palpitations.

How will my doctor know if I have an eating disorder?

Your doctor will talk to you and your family. You will be asked questions about how you feel about yourself, what you eat, and how much you exercise. Your doctor will give you a physical exam and might order blood tests or other tests. If your doctor thinks you have an eating disorder, you might be referred to a specialist so you can get the treatment you need. Good nutrition and psychologic counseling can help you recover from an eating disorder.

WBGT Index Available on Hospital Website

By Dan Barber, Public Affairs Officer
Naval Hospital Twentynine Palms

Just in case you haven't noticed, we are now in the summer season here... it's important to pay attention to your environment to prevent heat stroke.

To help you, the Robert E. Bush Naval Hospital constantly monitors the Wet Bulb Globe Temperature Index (WBGT) in real time making it available on the hospital's internet at www.nntp.med.navy.mil/

The WBGT index consists of a combination of readings from thermometers, providing temperatures for dry, humid and radiant heat. These three temperatures are combined in a standard formula providing a more accurate reading of heat stress intensity, known as the WBGT Index.

Safety concerns with heat and PT are very real, especially in a desert environment. Dehydration is a constant threat when exercising in the heat. Since thirst occurs too late to be a good indicator of excessive water loss from the body, be sure to weigh yourself regularly during hot weather, especially if you're doing a lot of intense physical activity.

There is no specific tempera-

ture beyond which you should not exercise. People have become heat casualties even in subfreezing temperatures because they were overdressed. Any circumstances that cause your body's heat production to exceed its capability to cool off will often result in heat stress.

To alert Combat Center members of hazardous heat conditions, the following flags are flown to indicate readings and control physical activity:

* Green Flag -- WBGT Index Temperatures range from 80-84.9 -- Unrestricted physical activity may be carried out.

* Yellow Flag -- WBGT Index Temperatures range from 85-87.9 -- Physical activity should be limited to those people who have been exercising in similar heat for a minimum of 10 days or more.

* Red Flag -- WBGT Index Temperatures range from 88-89.9 -- Physical activity is advised only for members who have been working out in similar heat conditions for a period of 12 weeks or more.

* Black Flag -- WBGT Index Temperatures range 90 and above -- Vigorous outdoor exercise, regardless of conditioning or heat acclimatization, is not advisable.

Combat Center members

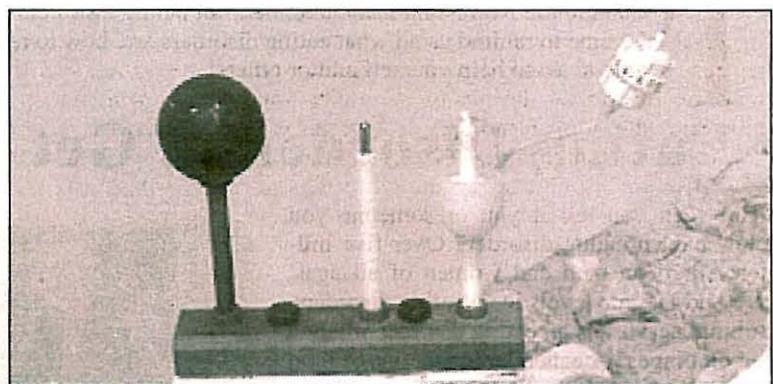
should be advised to note the flag, which is indicated on the hospital's web site before beginning outdoor workouts on Main side in the summer months. For Camp Wilson and Ranges, check with Marine Wing Support Squadron -- 374 (MWSS-374) Weather Office at 830-7809, as geographic locations on the base cause the WBGT Index to vary.

Although you do not have a choice about the characteristics of work clothing or gear, do not use a vapor barrier (rubber) suit as an aide for weight reduction while exercising. Exercising in a rubberized suit may result in severe dehydration and elevate your core body temperature. Wearing these suits also will not

help you with your weight reduction program since the decrease in weight is due to a very temporary loss of fluid, not fat loss. If you are required to wear NBC gear or body armor you should add 10 points to the WBGT

Index to determine your training activities.

For more information on the WBGT Index call the Hospital's Preventive Medicine Department at 830-2236.



Creighton Model Fertility Care System Class Now Available

By Lt. Cmdr. Eileen Sirois, CNM, MS
Robert E. Bush Naval Hospital

When most people think of family planning or birth control, they think of birth control pills, shots, or patches that can be obtained by prescription.

Many people are totally unaware of a modern effective method of fertility care that is now available. The Creighton Model Fertility Care System is a unique model of advanced procreative education.

The Creighton Model system relies upon the observation of biologic markers that are essential to human fertility and a woman's health. These biologic markers tell the couple when they are naturally fertile and

infertile. These same markers also give a woman an indication when there are abnormalities in her reproductive system. Women can learn to chart the biologic markers of their fertility. With the information from such charting, they can then choose with their spouse to use the days of fertility to either avoid or achieve a pregnancy.

Fertility appreciation is the foundation of the system. It is the ability of the couple to mutually value, respect, and understand their fertility. Many couples find that the love and respect each holds for the other grows as their understanding and appreciation of their fertility grows. This system accepts fertility as a normal and healthy process, and teaches couples to work cooperatively with their fertility, rather than use products or devices that are designed to be suppressive or destructive of the fertility.

This Fertility Care System has been extensively evaluated over the past 20 years through research, first at St. Louis University and Creighton University Schools of Medicine, and most recently at the Pope Paul VI Institute in Omaha Nebraska. Education tools have been developed which coordinate the delivery of services into a completely standardized teaching system. The learning schedule is designed to meet the individual needs of each new client couple who enters the program. Adequate instruction is essential for gaining confidence in the system and obtaining the maximum effectiveness possible.

Couples who are interested in this system may now attend an Introductory Session at the Robert E. Bush Naval Hospital. The introductory session is a general power point presentation which lasts about 90 minutes and is usually given to a small group of couples. Following the introductory session, those who are interested in using the system are offered individualized follow up teaching appointments.

The Introductory Sessions will be offered on the second Monday of each month through October. The next Introductory Session will be August 8 at 4 p.m. To register for the session call the OB/GYN Clinic at 830-2227.

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Patient Safety...

Continued from page 2

orders are to be given in an emergency only. When the emergency is over, the order must be written and signed by the provider that gave the verbal order. A telephone order must be taken by a registered nurse. When a telephone order is taken, the order must be written down and read back to the physician by the nurse. When a critical laboratory test result is reported to a nurse or physician the result must be written down and read back to the person reporting the result. This read back policy is meant to provide a clear understanding of what is being ordered or reported. If the order or result is written down and read back and the person listening agrees, the order or result that was written is correct. This policy will help to reduce the number of errors resulting from miscommunication.

Written documentation is the avenue by which future providers gain a history and record of treatment for an individual patient. It is important to document medications, assessments, provider turnover, nursing notes, therapy, and any other form of intervention in the patient record. These entries must be signed and dated. The legibility of handwriting is an important factor in written documentation. If the handwriting is not legible, errors may occur. There have been many reported medication errors as a direct

Andro...

Continued from page 3

Other side effects include: acne, premature baldness, enlarge prostates, reduce sperm production, can cause infertility, testicle shrinkage and increase aggressiveness. For woman it can disrupt menstrual cycles, facial hair, and can enlarge the clitoris.

Androstenedione was found in many bodybuilding supplements stores. Androstenedione was no longer legal to purchase after Jan. 20, and it is now illegal to use the prohormone, even if it was purchased before the cut off date. Remember, most importantly for military members, it violates Article 112a and it destroys the Navy and Marine Core Values of Honor, Courage, and Commitment.

Sources: bodybuildingforyou.com, nutritionalsupplements.com, prohormoneban.com, dcimilitary.com, lejeune.usmc.mil, sfgate.com

result of illegible handwriting. As healthcare documentation moves towards computer entry, errors should decline. Studies have shown that computer entry orders have reduced the number of medical errors. In the mean time, it's important to remember that documentation needs to be complete and legible.

The "Do Not Use Abbreviations" list is another tool to improve documentation in the hospital. This list is posted on the intranet and around the hospital for easy access. Studies have shown that the abbreviations contained on the list have been a source of medical errors in the past. By taking a proactive stance to avoid the use of confusing or easily misinterpreted abbreviations, future errors can be avoided. In the interest of patient safety, this list was compiled by NHTP using guidance from JCAHO and BUMED. These abbreviations should not be used anywhere in a medical record.

Doing what is right for your patient requires diligence, knowledge, experience, and responsibility. Making every effort to ensure that communication is effective is paramount to your patient's well-being. Always remember the three components to communication: a sender, message, and receiver. Both the sender and receiver have an obligation to ensure accuracy of the message.



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Hail and Farewell...

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HN J. Jenkins
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HN R. Cantarini
HN K. Shaw
HN M. Almario
HN A. McNeilly
HA M. Bisson
HA K. Booher
HA M. Kile
HA M. Edwards
HA M. Pereira
HA B. Brents
HA K. Jordan
HR A. Holmes
HR C. Francodiaz
HR P. Ferreira
HR J. Maddela
HR K. Gentle

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Lt. S. Valdez
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HM3 R. Johnson
CS3 S. Lara

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HM3 D. Vasquez
IT3 R. Delgado
HN M. Perezcruz
HN T. Ohira
HN L. Parker
HN J. Torres
HN P. Ferreira
HN M. Kwok
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HA C. Rodriguez
HA K. Jordan
HA A. Butterfield
HA T. Huyler
HA S. Chong
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HA P. Ramirez

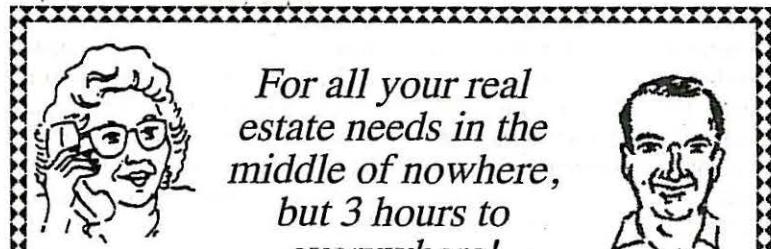
SAVI Training...

Continued from page 2

prevention. The recommendation was that sexual assault be addressed from the top-down, at all levels. Also, the DoD would develop a structure for regular review and quality improvement while ensuring that the commands have the appropriate tools to support a sexual assault prevention program.

In response to the Department

of Defense directives regarding sexual assault prevention, the USMC issued its own policy guiding all units to have trained sexual assault victim advocates and to promote prevention education. The recent training drew the participation of three MCAGCC units: Headquarters Battalion, CSSB-7 and VMU-1.



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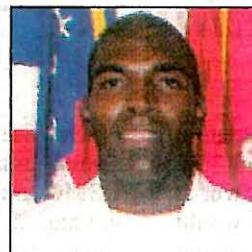
 

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PEOPLE OF THE QUARTER...

Continued from page 1

You managed over 20 active cases monthly, contributing immeasurably to ensure these 'at risk' and socially fragile patients received multi-disciplinary multi-service care in a timely and appropriate manner. In addition, you demonstrated exceptional clinical and management skills for our most complex patients with ease. Recognized as an expert clinician, providers and nurses sought your guidance in perinatal care, discharge planning and case management issues. You are a dedicated employee who understands our mission to provide exceptional healthcare. It is through your coordination of care that our beneficiaries receive individualized continued care services, self-care instructions, and home care."



Petty Officer 2nd Class Dempsey L. Tomblin, Leading Petty Officer in the Radiology Department has been selected as the Senior Sailor of the Quarter.

His citation reads in part, "As Leading Petty Officer, Radiology Department, you established and coordinated the 'Recruit to Chief' Petty Officer Program, which was an important element of 12 of 22 command advancements. An outstanding Leading Petty Officer, always concerned for the overall growth of Sailors,

you ensured that seven out of ten Radiology Technicians were enrolled in an accredited online college degree program. You volunteered to assist in the restructuring of the First Term Success Workshop Program (FTSW) by coordinating, planning, training and certifying nine new FTSW and Command Indoctrination Training Course (CITC) Instructors. Through your dedication and leadership to the Junior Enlisted, the hospital reduced the significant FTSW backlog and realized an 85% success rate."

Petty Officer 3rd Class Kristoffer P. Crisostomo, Nutrition Management Department Training Petty Officer has been selected as the Junior Sailor of the Quarter.

His citation reads in part, "During this time, you consistently performed your duties with the highest degree of pride and professionalism. As Training Petty Officer, you ensured the completion of 100% of all command training requirements for 22 Culinary Specialists and two civilian employees in a timely manner and with accurate documentation. More specifically, your leadership enabled the entire Food Service Division to fulfill all General Military Training requirements months

ahead of schedule. As Administrative Assistant, you were instrumental in the successful operation of the Adobe Cafe and all command hosted special functions and events. You demonstrated flexibility by smoothly responding to menu changes and seating adjustments. You also played an integral part in the implementation of the new

cycle menu which allows for increased variety and healthier food choices for an average of 160 customers daily. Your hard work, dedication, and attention to detail are unsurpassed and essential to the workings of the Nutrition Management Department."

Rosemary Zadroga, Medical Records Technician at Military Sick Call has been selected as the Junior Civilian of the Quarter.

Her citation reads in part, "Serving as Medical Records Technician, Military Sick Call, your performance has been phe-

nomenal and far beyond reasonable expectations. Committed to quality patient care and attention to detail, you took on an enormous workload and increased responsibilities, to include processing an excessive number of chits. You efficiently and single-handedly mailed out and delivered over 8,000 chits found at Military Sick Call, dating back ten years. You confidently and eagerly tracked down the 8,000 Marines through the Marine Locator system and ensured that the medical chits were placed in the member's health records or sent to archives. Your teamwork and dedication to duty were essential to command mission accomplishment."

Hospitalman Timothy R. Ohira, acting Leading Petty Officer, Physical Examination Section, Military Sick Call has been selected as the Blue Jacket of the Quarter.

His citation reads in part, "While filling the position of

Leading Petty Officer, as a Hospitalman, Physical Examination Section, Military Sick Call, you demonstrated exceptional clinical and organizational skills. You completed 247 physical examinations and 173 overseas screenings, which accounted for 96% of the command's physical examinations last quarter. You were a key player in the development and implementation for shot calls, which increased the readiness of Marine Corps personnel from less than 60% to over 80% in a three-week period. Dedicated to base, command and community activities, you volunteered over 50 off-duty hours to Corpsman support for the MCAGCC Memorial Day Celebration and homecoming events for permanent party units returning from Iraq. You devoted your services to the command by serving as an EMT-Basic Instructor and playing the role of command's Easter Bunny. In addition, you completed the Twentynine Palms' 5K Ridge Run and the Camp Pendleton 10K Mud Run."



Hospitalman Timothy R. Ohira



Rosemary Zadroga

Medical Records Technician at Military Sick Call has been selected as the Junior Civilian of the Quarter.

Her citation reads in part, "Serving as Medical Records Technician, Military Sick Call, your performance has been phe-

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